

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

March 31, 2025

Dear Eligible Professionals:

This letter is an update regarding public health reporting to the Connecticut Department of Public Health (DPH) for Eligible Clinicians attesting to the **Merit-Based Incentive Payment System (MIPS)**, and for Eligible Hospitals and Critical Access Hospitals participating in the **Medicare Promoting Interoperability Program (PIP)**. For 2025, we will be following CMS guidelines set forth in calendar year (CY) 2024 for PIP and (CY) 2025 for MIPS.

Merit-Based Incentive Payment System (MIPS)

In CY 2025, Eligible Clinicians (ECs) were required to report on two promoting interoperability measures: 1) Immunization Registry Reporting, and 2) Electronic Case Reporting. ECs may claim an exclusion based on certain criteria. Please review the [CY 2025 Quality Payment Program](#) MIPS Category Measure. Specific MIPS specification sheets can be found at this [link](#).

Medicare Promoting Interoperability Program (PIP)

In CY 2024, Eligible Hospitals (EHs) and critical access hospitals (CAHs) were required to report on five measures associated with Public Health and Clinical Data Exchange Objectives to DPH: (1) Syndromic Surveillance Reporting, (2) Immunization Registry/Immunization Information System Reporting, (3) Electronic Case Reporting, (4) Electronic Laboratory Result Reporting, and (5) Antimicrobial Use and Resistance Surveillance. EHs and CAHs may claim an exclusion based on certain criteria. DPH will use these same requirements for 2025. Please review the [CY 2024 Program Requirements](#). Specific PIP specification sheets can be found at this [link](#).

Certified Electronic Health Record Technology (CEHRT)

The Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (hereafter ASTP) finalized proposals to have certification criteria be "edition-less". These are now referred to as the ONC **Health IT Certification Criteria**. The links for final rules for each of the public health reporting measures are given in each public health reporting measures' [criteria](#). The Health IT Certification is now managed under the new Assistant Secretary for Technology Policy at [healthit.gov](https://www.healthit.gov).

Reporting Period and Active Engagement

CMS active engagement criteria for MIPS and PIP include two options: Option 1 Pre-production and Validation; and Option 2 Validated Data Production. Once registered, ECs, EHs or CAHs must respond to requests from DPH to begin testing within 30 days; failure to respond twice within an EHR reporting period would result in that eligible hospital or CAH or eligible clinician not meeting the measure.

In CY 2024 and 2025, the reporting period for new and returning participants attesting to CMS is a minimum of any continuous, self-selected, 180-day period.

Immunization Information System (IIS)

Eligible Hospitals (EHs), Critical Access Hospitals (CAHs) or Eligible Clinicians: The MIPS and PIP requirement for immunization reporting is that the EC, EH or CAH “is in active engagement with a public health agency to submit immunization data and received immunization forecasts and histories from the public health immunization information system.” (89 FR 98421)

The DPH public health immunization registry/immunization information system (IIS) is [called CT WiZ](#). Providers and hospitals who administer immunizations in Connecticut are [mandated by state law](#) to report all immunizations for all ages to CT WiZ. Providers and hospitals who administer vaccinations and have not onboarded to CT WiZ must complete and submit the online [CT WiZ Application for Electronic to CT WiZ](#). Active engagement for public health reporting for immunizations starts when a provider or hospital is moving towards sending production data to the CT WiZ. Providers and hospitals must demonstrate their level of active engagement. DPH will send email notifications as evidence of active engagement for each phase of the Electronic Health Record (EHR) onboarding process (Option 1 and Option 2). These emails should be used as supporting documentation for eligible clinicians attesting to MIPS or PIP to meet the objective for public health and clinical data exchange immunization registry reporting and should be kept for further reference.

Providers and hospitals mandated to report immunizations who registered with CT WiZ between September 2018 to December 2023 are not required to register again for active engagement. They can resubmit their email from DPH to satisfy the public health and clinical data exchange immunization registry reporting objective for 2024 and 2025.

In Connecticut, an EP, CAH, or EH who does not administer immunizations **may claim an exclusion from the measure** for public health immunization registry reporting during the EHR reporting period. The health IT criteria for IIS reporting can be found <https://www.healthit.gov/test-method/transmission-immunization-registries>.

Electronic Case Reporting (eCR)

Eligible Hospitals (EHs), Critical Access Hospitals (CAHs) or Eligible Clinicians: The MIPS and PIP requirement for electronic case reporting is similar to that for immunization reporting. DPH will enroll into active engagement for eCR any EHs, CAHs, or ECs with preference to Connecticut-based hospitals first.



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Transitioning to eCR will assist with provider reporting requirements for certain reportable diseases and move away from manual reporting. Providers who are part of a healthcare organization (HCO) utilizing the same electronic health record will be registered and enrolled in eCR when the parent organization is enrolled.

DPH requires that provider and hospital electronic health record (EHR) systems meet the [CEHRT criteria](#) for eCR and are [ready for general healthcare organization onboarding with the CDC eCR team](#). DPH will refer EHR implementers and ECs/HCOs/EHs/CAHs (aka HCOs) to enroll in the [eCR project](#) managed by CDC and the Association of Public Health Laboratories (APHL) for Option 1. HCOs will conduct initial validation for eCR with the CDC- APHL project group and will not be considered in Option 2 until they validated eCR with DPH to complete full eCR production onboarding. The process will follow that outlined on the [eCR project website](#) which includes links to additional materials. DPH will share any other needed materials with EHR implementers on enrollment. To enroll or for more information email DPH.ECRInformatics@ct.gov.

DPH will send email notifications as evidence of active engagement for 2025 Options 1 and 2. Please retain any confirmation material from DPH to validate the measure. Any HCO that has changed or plans to change its EHR to a new CEHRT system will need to re-register for active engagement as additional validation may be required.

If providers at the HCO do not diagnose any reportable diseases as defined under Connecticut General Statutes § 19a-215(c) and Connecticut Agencies Regs. § 19a-36-A2, et seq. **they are to claim an exclusion from the measure** and are not required to register for eCR. A list of reportable conditions can be found on the DPH website under [Reportable Disease Forms](#). Please note that this list is updated every January.

Syndromic Surveillance System

Eligible Hospitals (EHs) or Critical Access Hospitals (CAHs): Syndromic Surveillance reporting is required from EHs/CAHs in [Connecticut](#). For CY 2024, EHs and CAHs that have met the [active engagement requirements for PIP](#), i.e., “is in active engagement with a public health agency (PHA) to submit syndromic surveillance data from an emergency department (Place of Service [POS] 23)” will need to email dph.syndromic@ct.gov to request documentation for the EHR Incentive Program attestation.

Eligible Clinicians (ECs): DPH does not have the capability to accept syndromic surveillance data in a promoting interoperability compliant manner for ECs. There are no listed exclusion criteria for this bonus option. However, DPH does accept syndromic surveillance data from licensed urgent care centers. Please contact dph.syndromic@ct.gov for more information.

Follow the link for Health IT criteria for [Syndromic Surveillance](#) reporting.



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Electronic Laboratory Reporting (ELR)

Eligible Hospitals (EHs) or Critical Access Hospitals (CAHs): ELR is a public health reporting requirement only for EHs or CAHs under CMS PIP requirements. For CY 2024 and 2025, EHs/CAHs must attest to the measure if the EH has a laboratory that is reporting results as defined under Connecticut General Statutes Section 19a-215(c) and Section 19a-36-A2 of the Public Health Code. A list of laboratory reportable findings can be found on the DPH website under [Reportable Disease Forms](#). As for eCR, this list is updated every January. DPH requires that provider and hospital electronic health record (EHR) systems meet the [CEHRT criteria](#) for ELR.

Eligible hospitals/CAHs seeking to enroll in Electronic Reportable Laboratory (ELR) Result Reporting should email dph.InformaticsLab@ct.gov to be enrolled in active engagement Option 1 for 2025 and to receive DPH ELR testing and validation requirements. EHs who have previously registered/engaged do not need to re-register for Option 1. DPH will send email notifications as evidence of active engagement during 2025 for Options 1 and 2. Please retain any confirmation material from DPH to validate the measure.

An EH that has changed, or plans to change, its laboratory system to a new CEHRT system, needs to re-register for active engagement as additional validation may be required. If an EH **does not** have a laboratory that is required to report results under Connecticut General Statutes § 19a-215(c) and Connecticut Agencies Regs. § 19a-36-A2, et seq. **it is to claim an exclusion from the measure** and is not required to register for ELR.

MIPS Program Changes CY 2024 – Active Engagement Duration

Please be aware that **starting in CY 2024**, EHs, CAHs and MIPS eligible professionals may spend only one EHR reporting period/performance period at the Option 1 pre-production and validation level of active engagement, per measure, and that they must progress to the Option 2 validated data production level for the next EHR reporting period/performance period for which they report a particular measure.

DPH encourages you to frequently check the [Connecticut Department of Public Health's Promoting Interoperability Website](#) for updates.

Sincerely,



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Commissioner
Connecticut Department of Public Health



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